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Health
Innovation
Manchester

Rapid Uptake Product programme 2021/22

Tamoxifen for breast cancer prevention

NHS England and NHS Improvement



Dear Colleagues,

Welcome to our second update as we move into month 3 of our Rapid Uptake Products programme. If this is a new area to you, you can find out more here <https://www.england.nhs.uk/aac/what-we-do/what-innovations-do-we-support/rapid-uptake-products/>.

May was a significant month for the programme as the window for Pathway Transformation Fund applications closed for three of the products supported by the programme. We were thrilled with the levels of interest with over 170 applications received with a value of over £13m. All applications have been reviewed and scored and results are being shared. Office for Life Sciences, the AAC and the AHSN Network will be releasing a joint announcement with further detail imminently. The window for Tamoxifen applications is now open until noon on 9 July.

As ever we are keen to gather as much feedback, insight and create opportunities for you to help us shape our thinking and drive uptake of our products so please do reach out to the relevant contacts given at the back of this pack if you would like to discuss anything further.

Jenny Turton

**Deputy Director of Innovation, Research and Life Sciences &
Accelerated Access Collaborative**

NHS England and NHS Improvement



Tamoxifen Introduction

Tamoxifen is the first licensed repurposed medicine for chemoprevention in women at risk of developing breast cancer. Around 3.7% women aged 35-74 in England are estimated to be at moderate or high risk of breast cancer. But among those eligible, uptake is only around 10%.

Programme priorities

1. Increase GP awareness, understanding and confidence in a) initial counselling of women and b) supporting women who have commenced their treatment in areas such as side effect management Design and deploy shared decision making tools and approaches to bring together materials created and support pathway
2. Identify, collate, refine and simplify existing materials available to patients. Deploy as a consistent, clear package of information accessible within primary care and screening setting to support patients in understanding the clinical and risk factors
3. Develop a tailored non-clinical support offering focusing on wellbeing, social and emotional factors (e.g. signposting patients to online information materials and forums, videos from patients with lived experience etc.) Deploy via multiple routes and channels both NHS and non-NHS (e.g. third sector websites)
4. Assess the use of mammography density measurement in risk assessment in FH clinics to proactively identify at-risk patients.
5. Develop a pathway to cover primary care risk assessment and prescribing (e.g. information and referral flow for subsequent care and assessment, templates for information to be communicated).
6. Investigate factors influencing patient uptake in relation to equalities and health inequalities. This will build on the picture already established around influencing factors in decision making.
7. Review the clinical commissioning process to provide a clear policy and funding context in which GPs can prescribe and support the pathway

Pathway Transformation Funding - Tamoxifen launches for applications on 7th June and closes 12noon on 9th July

The following models of delivery could form the basis of an application:

- Pilots across regions that encourage integration of services. They may work with a range of partners. This could include:
- Models where primary care/secondary care referrals engage in Multi-Disciplinary Team meetings to facilitate initiation of Tamoxifen
- Discussions with people affected by breast cancer in secondary care regarding potential risk of family members.
- Consultation/advice service for primary care clinicians & GPs
- Innovative projects within symptomatic breast services and family history clinics (excluding the national breast screening programme) that seek to identify people of moderate risk who would be eligible for tamoxifen – additionally, creating an accessible pathway
- Implementation of best practice to reduce health inequalities
- Developing novel approaches to support patients to maintain their treatment e.g. a helpline or other support method for side effects
- Improved use of risk assessment tools

We are looking for applications that:

- Demonstrate improved access to Tamoxifen for prevention
- Demonstrate an increase in number of consultations about breast cancer prevention, even if this did not result in a tamoxifen prescription.
- Improve identification of people who are at increased risk of breast cancer
- Improve access for people to the referral pathway
- Evidence of reducing health inequalities

Please see the [guidance](#) for more information.

Tamoxifen

Key progress to date

- Designed a GP and Primary Care Clinician education package for implementation across primary care in October
- A survey has been completed by the Academic Health Science Network leading on this product to understand local geographies. It highlighted regional variation in provision, leading to discussions about geographical health inequalities which will inform the equalities workstream
- Patient consultation is ongoing via workshops to understand perspectives of patient-facing materials such as leaflets and online information, this will inform future patient information pieces about breast cancer prevention this summer
- Working with the third sector to promote patient involvement opportunities to the public.
- Developed a risk assessment tool for use in primary care risk to inform and increase referrals to family history clinics
- The commissioned literature review has been received and will inform the next steps of the programme, particularly on equalities
- Equalities and Health Inequalities Assessment completed to understand impact of programme to people and communities
- Working with the specialised commissioning team to produce a clinical commissioning policy. The policy proposal is nearing completion this will bolster funding of breast cancer prophylaxis medications.
- Working with Public Health England and NHS Digital to track uptake of Tamoxifen for prophylaxis across England.

Key challenges and issues

- COVID-19 continues to impact the programme as the capacity of other national programmes to collaborate is reduced. The pandemic meant that many screening appointments were cancelled or delayed, so there is now a need for restoration and recovery of services. The National Breast Screening Programme is particularly effected.
- It also appears the pandemic has had an impact on the prescribing of Tamoxifen, as it has increased. We are currently working with the Clinical Champions to understand why this might be and how this impacts patients and this programme.

Further Information

The relevant NICE guidance can be found [here](#)

If you would like to discuss further with us then please reach out to the key AAC and AHSN Contacts shown below

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Distribution list



This pack has been shared with the groups / bodies shown below. Please feel free to share throughout your networks or advise us of additional groups you think should be included in this regular circulation

- NHS England and NHS Cancer programmes
- NHS England and NHS Improvement Cancer Alliances
- NHS England and NHS Improvement national screening team
- NHS England and NHS Improvement national diagnostics & imaging team / radiology network
- NHS family history clinics
- NICE
- PHE Director of Screening
- Breast Cancer Now
- Cancer Research UK
- Prevent Breast Cancer
- Royal Academy of Medical Colleges
- Royal College of GPs
- Royal College of Physicians
- Royal College of Radiology
- Cancer Genetics Group
- UKTCPN- Therapeutic Cancer Prevention Network
- ABS Association of Breast Surgeons
- BGMA